

Reg. Dist. No. 44
Primary Reg. Dist. No. 4400
Registrar's No. 4400-2015000403

Ohio Department of Health
VITAL STATISTICS
CERTIFICATE OF DEATH
Type or print in permanent blue or black ink

State File No 2016120813

1 Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) ELIHU DAVID COX										2 Sex MALE		3 Date of Death (Mo/Day/Year) DECEMBER 29, 2016					
4 Social Security Number 301-92-5950				5a Age (Years) 25		5b Under 1 Year Months Days LAWRENCE		5c Under 1 day Hours Minutes PEDRO		6 Date of Birth (Mo/Day/Year) FEBRUARY 13, 1991		7 Birthplace (City and State or Foreign Country) IRONTON, OHIO					
8a Residence State OHIO				8b County LAWRENCE				8c City or Town PEDRO				8d Ap. No. 45659		8e Zipcode 45659		8f Inside City Limits? NO	
9 Ever in US Armed Forces? NO				10 Marital Status at Time of Death NEVER MARRIED				11 Surviving Spouse's Name (If wife, give name prior to first marriage)									
12 Decedent's Education 9TH THRU 12TH GRADE; NO DIPLOMA						13 Decedent of Hispanic Origin NO		14 Decedent's Race WHITE									
15 Father's Name BOBBY JOE COX						16 Mother's Name (prior to first marriage) BOBBIE DAWN JILES											
17a Informant's Name BOBBIE COX						17b Relationship to Decedent MOTHER						17c Mailing Address (Street and Number, City, State, Zip Code) 382 ST RT 373 PEDRO, OHIO 45659					
18a Place of Death DECEDENT'S HOME						18b City or Town, State and Zip Code PEDRO, OH 45659						18c County of Death LAWRENCE					
19 Signature of Funeral Service Licensee or Other Agent DAVID THOMAS PHILLIPS						20 License Number (of licensee) 008217		21 Name and Complete Address of Funeral Facility PHILLIPS FUNERAL HOME 1004 S 7TH ST IRONTON, OH 45638									
22a Method of Disposition BURIAL						22b Date of Disposition (Mo/Day/Year) JANUARY 07, 2017		22c Place of Disposition (Name of Cemetery, Crematory, or other place) COX-JILES FAMILY CEMETERY						22d Location (City/Town and State) PEDRO, OH			
23 Registrar's Signature JUANITA DALTON						24 Date Filed (Mo/Day/Year) MARCH 17, 2017											
25a Name of Person Issuing Disposition Permit DALTON, JUANITA						25b District No. 4400		25c Date Disposition Permit issued (Mo/Day/Year) JANUARY 3, 2017									
26a Certifier (Check only one) <input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.																	
26b Time of Death 2025 HOURS						26c Date Pronounced Dead (Mo/Day/Year) DECEMBER 29, 2016		26d Was Case Referred to Medical Examiner or Coroner? YES									
27 Signature and Title of Certifier KURT HOFMANN DO						27b License number 34.005262		27c Date Signed (Mo/Day/Year) MARCH 17, 2017									
28 Name (First, Middle, Last) and Address of Person who Completed Cause of Death KURT HOFMANN, 912 PARK AVE, IRONTON, OH 45638																	
29 Part I: Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. Type or print in permanent blue or black ink.																	
Immediate Cause (Final disease or condition resulting in death) a ACUTE INTOXICATION BY FENTANYL																	
Sequentially list conditions, if any, leading to immediate cause b Due to (or as consequence of)																	
Enter Underlying Cause (Disease or injury that initiated events resulting in a death) c Due to (or as consequence of)																	
d Due to (or as consequence of)																	
Part II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I																	
30 Did Tobacco Use Contribute to Death? NO										31 If Female, Pregnancy Status NOT APPLICABLE.		32 Manner of Death ACCIDENT					
33a Date of Injury (Mo/Day/Year) 12/29/2016 HOURS				33b Time of Injury APPROX 0300		33c Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area) RESIDENCE				33d Injury at Work? NO							
33e Location of Injury (Street and Number or Rural Route Number, City or Town, State) 382 STATE ROUTE 373, PEDRO, OHIO																	
33f Describe How Injury Occurred DECEDENT OVERDOSED ON FENTANYL										33g If Transportation Injury, Specify							

HEA 3724 Rev. 07/15

Juanita Dalton, Registrar

MAR 17 2017

Juanita Dalton